## Foster Family Home - Corrective Action Report

1-591364 **Provider ID:** 

Lourdes Bumanglag, CNA **Review ID:** 1-591364-8 **Home Name:** 

2423 A Rose Street Reviewer: Julie Hastings

Honolulu HI 96819 Begin Date: 12/9/2020

**Foster Family Home Required Certificate** [11-800-6]

6.(d)(1)Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 2 person CCFFH recertification.

Home inspection completed for a 2 person CCFFH recertification Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 1/8/2021

Foster Family H	lome	Background Checks	I.	[11-800-8]
8.(a)(1)	Be subjec	at to criminal history record checks	in accordance with s	section 846-2.7, HRS;
8.(a)(2)	Be subjec	t to adult protective service perpet	rator checks if the inc	ndividual has direct contact with a client; and
Comment:				

8.(a)(1)

8 (a)(2)

HHM#4, #5, #6 have no APS/CAN/Fingerprint

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and

procedures and client privacy rights.

Comment:

16.(b)(5)

HHM# 4, #5, #6 do not have privacy agreement.

Foster Family H	ome Personnel and Staffing	[11-800-41]
41.(b)(6)	Comply with all applicable federal, state, and cou	nty laws, ordinances, rules, regulations, and regulatory

requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

F44 000 441

Have a current tuberculosis clearance that meets department guidelines; and 41.(b)(7)

Comment:

41.(b)(6) There is a blocked off doorway/stairs inside CCFFH that leads to an apartment upstairs. It is locked and nailed shut. There is access to the apartment via an outside staircase. 4 residents live upstairs. one is an SCG.

CG #2 TB lapsed, was last done 11/14/19. Was due on or before 11/14/20. No current TB

## Foster Family Home - Corrective Action Report

Foster Family H	ome Client Rights	[11-800-53]	
53.(b)(9)	Be treated with understanding, respect privacy in treatment and in care of the	t, and full consideration of the client's dignity and individuality, including client's personal needs;	
Comment:			
53.(b)(9) Client #1 and Clie	ent #2 do not have door handles that	t can be locked from the inside.	

Compliance Manager

Primary Care Giver

12/9/2020

Date

12/9/2020

Date

CTA RN Compliance Manager: MG-Terry Hauten RN

Community Care Foster Femily Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

CCFFH Address: 2423-A Rose Street, Honolylu, Hi96819

Prevention Strategy - How will you Corrective Action Taken - How was Date each Ruio prevent each violation from happening each issue fixed for each violation? violation -Number again in the future? was fixed In order to remem 8(9)1 Howehold members 8(9)24 HA, 5 and 6 my but the expiration of my documents iwill make a notes runters upstains 12/9/ Obtained the 2020 on my chart or background mark my calendar one month before all documents checks aredue.

X All thems that we	re fixed are attached to this CA	NP C	
PCG's Signature:	1 blouma	ΔαΧαςζ	
		$X \rightarrow X$	

Deta: 3-30-2021

X CTA has reviewed all corrected froms

CTARN Compliance Manager Mg. Terrin Hauten RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Cartificate: LOWY des 15. Tourna valag

COFFI Address 2423-A Rose Street Honolulu, Hawan 916819

Rule Number	Corrective Action Taken — How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy — How will you prevent each violation from happening again in the future?
16 (5)	Household members 4. 5 and 6. My renters upstains were educated on privaci guidelines.	2021	I will provide  Privacy training  efall my house  hold members!  renters, 3 days,  of them moving  into the CCFFF
<b>1</b> ,			

Χ	All Reme that	were liked are attached to	titis CAP
PCG'	s Simpline:	Lowing	unalai
		<del></del>	X

Dete: 3-30-2021

X CTA has reviewed all corrected memo

CTA RN Compliance Manager:

## Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

**Chapter 11-800** 

Hawaii 96819

Rule Number	Corrective Action Taken — How was each (saue fixed for each violation?	Date each violation was fixed	Prevention Strategy — How will you prevent each violation from happening again in the future?
416	Stairway leads to upstairs locked and what baron the door but not nailed CTA compliance mon	12/19/	I will always be current I comply the rules and regulations.
*	let me operate if i will not closed the stainway for		I will make a not on my Calendar or month before the expiration of their
· ·	the safety of my patients. Four residents, ISCG live upstains.		Papers, put Sticker note an my binder or learn phone reminder.
	we got the back ground checks for the four residentsups-		

Х	All items that were fixed are attached to	this GAP

X CTA has reviewed all corrected items

CTA AN Compliance Manager: MS. Terri Hauten RN

## Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CG	CFFH Certificate:	Lourdes	<u> </u>	umanal	aa	
CCFFH Address:	2423-A	Rose 94	rect,	Honolulu	, Hawai	1 96890

(PLEASE PRINT)

Rule Corrective Action Taken - How was Number each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
41(b) Caregium #2 T.B. (7) lapsed 11-14-2020	2020	I will place the expiration date on my calendar or make "note on my chart.
53(b) Clients Door Knobs were replaced with Knobs that can be locked.		Lwill review changes to com- munity Care Foste Family Home rules at least monthly.

X All items that w	rere fixed are attached to this CAP	-
PCG's Signature:	Lobumanalag	 <del></del>

X CTA has reviewed all corrected items